

AIMS-099

FACILITY ID ASSIGNMENT FOR RADIUS SUBMITTAL (Please Print)

Instructions: Please complete Part A if the facility has not previously been assigned an ID. Complete Part B if you are requesting a PIN Code. Complete Parts A & B if both are needed.

Please answer questions, before completing this application.

- Are there any on-going Enforcement actions Associated with this location or its owners? ____ Yes ____ No
If yes, please list facility ID or address associated with enforcement action _____.
- Is this facility (unit) located on the same or an adjacent piece of property, or sharing a boundary with a property, where another air permitted unit is located that is under the same control or ownership (including a parent company) as this facility?" ____ Yes ____ No
If yes, please list facility ID or address of other property _____.
- The requested ID is for a: ☐ Stationary Source ☐ Mobile Source

FACILITY INFORMATION:

Facility Name: _____

Street Address: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

County: _____ Municipality: _____

MAILING ADDRESS: ☐ Check if same as street address above

Attention: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

Primary SIC code: _____ Secondary SIC code: _____

*If SIC code not known, please list type of business: _____

Requester's Name/Title: _____
(Please Print)

Phone: _____

Date: _____

FOR DEP USE ONLY

Facility ID Assigned: _____

Date Assigned: _____

Assigned by: _____

FACILITY CONTACT:

Facility Contact Type**: _____

Name: _____

Title: _____

Organization*: _____

Phone: _____ FAX: _____

Alternate Phone: _____ ☐ Mobile ☐ Pager ☐ Fax

E-mail: _____

** Select the appropriate contact types: Consultant, General Contact, On-Site Manager, Operator, Owner, Etc.

*If a consultant, please enter name of consulting firm.

RESPONSIBLE ENTITY INFORMATION:

Company Name: _____

Mailing Address: _____

Address Line 2: _____

City: _____ State: _____ Zip: _____

NJ EIN or Federal Tax ID: _____

Responsible Official's Name: _____

Phone: _____ FAX: _____

Fax completed applications to: (609) 633-8236

Or return by mail to: **NJDEP - Air Quality Regulation**
Data Management Group
PO Box 027
Trenton, NJ 08625